

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19106

JECT: RCRA INSPECTION - PIONEER SALT & CHEMICAL CO., INC.
PHILADELPHIA, PA PAD 065728826, March 20, 1981

DATE: June 29, 1981

M: GIL HORWITZ, ENVIRONMENTAL SCIENTIST (3EN25) *Gil Horwitz*
RCRA & HAZARDOUS WASTE COMPLIANCE SECTION

ROBERT L. COLLINGS, CHIEF (3EN32)
WATER AND RCRA ENFORCEMENT SECTION

I have reviewed the subject inspection report. Violations indicated in the attached inspection report are summarized below;

REGULATION NUMBER	GENERATOR - VIOLATION OF STANDARDS- DESCRIPTION
262.20	The TSD facility which receives a generator's hazardous waste was not identified by name, address and EPA ID number on the manifest. An alternative facility was not designated in case of an emergency. (not required by Pennsylvania manifest.)
265.16(a)	Facility personnel have not completed a program of classroom training or on-the-job training in hazardous waste management procedures.
265.16(d)	The generator facility has not maintained a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job.
265.16(d) (2)	The generator facility does not have on record a written position description for each job title noted in section 265.16(d).
265.16(d) (3)	The facility presently does not maintain a written description of the type and amount of introductory and continuing training for those employees noted in (265.16(d)).
265.52(d)	The facility contingency plan did not contain a detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations. There are informal arrangements. No formal arrangement can be covered by city codes.

TSD FACILITY - VIOLATIONS DESCRIPTION

265.13(b)	The facility does not have a waste analysis plan.
265.73(b) (5)	The facility does not have detailed records of inspections of emergency equipment. They inspect daily but do not keep records.
265.73(b) (6)	The facility had not begun its closure plan.

RECOMMENDATIONS: As part of EPA's oversight functions, I recommend that PA DER issue its equivalent of Notice-of-Violation.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.
Philadelphia, Pa. 19106

RPA-0018 GEN
TSD

SUBJECT: RCRA Subtitle "C" Compliance Inspection, Pioneer Salt and Chemical Company, Inc., Philadelphia, PA DATE: APR 28 1981

FROM: Bill Hagel, Environmental Scientist (3SA30) *wah*
John W. Harsch, Environmental Protection Specialist (3SA30) *just*

TO: Walter Lee, Chief
RCRA Hazardous Waste Section (3EN25)

THRU: Bruce Smith, Chief
Environmental Emergency Branch (3SA30) *B. Smith*

On March 20, 1981, Bill Hagel and John Harsch of EPA in Philadelphia visited Pioneer Salt & Chemical Company in Philadelphia in order to conduct a RCRA Subtitle "C" Compliance Inspection.

The Part A lists Pioneer as a generator, transporter and TSD facility. The facility is involved with bulk through-putting of chemicals, that is they act as a middle man transferring large containers of chemicals into various smaller containers.

They generated waste in relatively small quantities (\approx 1,000 gal. per year) by their laboratory work. They also occasionally "generate" waste which they cannot sell as "off spec" material. This material becomes a waste at the moment it is decided that disposal is necessary rather than selling it as virgin product.

Pioneer did not list the name of the receiving TSD facility on their manifest. (Note: The manifest was sent to EPA after the inspection because it was not assessable at the time of the inspection). At the time of the inspection no accumulated waste was being stored on site. The plant deals mostly with hazardous materials as virgin products (drums stacked 4 high in spots) and is not regulated under Subtitle "C" of RCRA.

Any other aspects of the inspection can be obtained by reviewing the attached checklist or by calling me at (215) 597-9843.

RCRA CHECKLIST FOR INSPECTION OF GENERATORS

RO USE

Name of Facility: Pioneer Chemical

Inspection file

Address: 940 North Delaware Ave

No. RPA-0018 ^{GEN} TSD

EPA Generator ID Number: PA D065728826

Reviewer

Facility Inspection Representative: Frank Sawicki

Date reviewed:

Title: Operations Manager

Form "A"

Telephone Number: 925-6500

Regs.
F.R.

1. Please provide a brief narrative explaining the type of work activity that occurs at the generator.

Bulk throughputting of chemicals
throughout the plant. All waste generated with
small quantities by laboratory facility

2. Does the generator dispose of its wastes....

A. On-site

(Circle one or both)

B. Off-site

Note: if on-site, then checklist for both a generator and TSD facility must be completed if on-site more than 90 days.

3. What is the amount of hazardous waste (in kilograms) produced by the generator facility in a month? _____ in a year? 4 1000 gal
(If the amount is less than 1,000 kg/month, then the facility qualifies as a small generator and Form C should be completed instead of Form A.)

4. What categories of hazardous wastes result from the generator's facility? Please circle:

A. Ignitable wastes

Yes No

B. Reactive wastes

Yes No

C. Corrosive wastes

Yes No

D. EP Toxic wastes

Yes No

E. RCRA Listed Waste

yes:

Broad range
Ketones, Alcohols
Ethers, Aliphatic

5. Is the generator presently...

Circle one:

A. Treating hazardous waste?

Yes ☒ No

B. Storing hazardous waste?

☒ Yes No

C. Disposing hazardous waste?

Yes ☒ No

Note: if the generator performs any of the activities noted in Question 5, then the inspector must complete Form B, entitled "RCRA Checklist for inspection of hazardous waste treatment, storage and disposal facilities."

6. Is a manifest system currently in operation at the generator's facility so that offsite shipment of hazardous wastes can be tracked?

☒ Yes No

7. Please inspect the generator's manifest for the following information:

A. Is the TSD facility which receives a generator's hazardous waste identified by name, address, and EPA ID number?

☒ Yes ☒ No

B. Is an alternative facility designated in case of an emergency?

Yes ☒ No

C. Is a serialized manifest document number included on the form?

☒ Yes No

D. Is the generator's name, address, telephone number and EPA ID number included on the form?

☒ Yes No

E. Is the name and identification number of each transporter included on the form?

☒ Yes No

F. Is a description of the generator's hazardous waste to be treated, stored, or disposed included on the manifest?

☒ Yes No

G. Is the quantity of each waste by units of weight or volume and the type and number of containers loaded in the transport vehicle included on the manifest form?

☒ Yes No

H. Is the following certification noted on the generator's manifest form and is the certification acknowledged by the generator's signature?

"This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the available regulations of the DOT and EPA."

☒ Yes No

I. Are there adequate copies of the manifest available for generator, transporter, and TSD's?

☒ Yes No

8. Is hazardous waste being stored on-site by the generator for less than 90 days?

Yes ☒ No

If so,

A. Is the date accumulation of

- (a)(2) B. Are storage containers in good condition, i.e., no corrosion, leaking, or structural deformations? ☒ Yes ☐ No
- (a)(4) C. At the time of accumulation, are the storage containers clearly labeled as containing a particular hazardous waste in accordance with DOT regulations? ☒ Yes ☐ No
9. Does the generator have an established contingency plan to deal with emergencies that may impact hazardous waste currently in storage at the facility? ☒ Yes ☐ No
- (a) 10. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? Yes ☒ No³
- (d) 11. Does the generator facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? Yes ☒ No
- (d)(2) 12. Does the generator facility have on record a written position description for each job title noted in Question #11? Yes ☒ No
- (d)(3) 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #11? Yes ☒ No
- a) 14. *Does the generator facility have installed the following equipment:
- A. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? ☒ Yes ☐ No
- B. A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire departments, etc.? ☒ Yes ☐ No
- C. Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals? ☒ Yes ☐ No
15. *Does the generator facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? ☒ Yes ☐ No
16. Does the facility have a contingency plan which contains the following elements:
- A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water? ☒ Yes ☐ No
- B. A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations? Yes ☒ No³

- (d) C. A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators?

☒ Yes ☐ No

Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.

- (e) D. A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility?

☒ Yes ☐ No

- (f) E. *An evacuation plan for the generator facility if Management believes such a plan is a definite requirement for their particular generator facility.

☒ Yes ☐ No

17. Please provide detailed comments on specific problems encountered during the inspection. For instance, industry requests for clarification of specific RCRA rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

Inspector's Name: Bill HAGEL

Title: Environmental Scientist

Agency: EPA

Office location: Philadelphia

Date of Inspection: 3/20/81

Inspector's Name: John HAASCH

Title: Env Protection Spec.

Agency: EPA

Office location: Philadelphia Pa.

Date of Inspection: 3/20/81

RCRA CHECKLIST FOR INSPECTION OF TSD FACILITIES

RO USE

Name of Facility: Pioneer Salt & Chemical
 Address: 900 North Delaware Ave
 EPA TSD ID Number: PA 0065728826
 Facility Inspection Representative: FRANK SEKLECKI
 Title: Operations Manager
 Telephone: 925-6500

Inspection File

No. RPA-0018 ^{GEN} _{TSD}

Reviewer _____

Date reviewed _____

Form "B"

SITE CHARACTERIZATION

(Please denote if the facility presently treats, stores, or disposes of hazardous waste. Also, mark the appropriate sub-category that occurs at the particular facility.)

TREATER

☐ Filtration
☐ Incineration
☐ Thermal Reduction
☐ Recycling/Recovery
☐ Chem/Phys/Bio Treatments
☐ Waste Oil
☐ Reprocessing
☐ Solvent Recovery
☐ Other _____

STORER

☒ Open Pile (^{some inside} storage)
☐ Surface Impoundment
☒ Drum
☒ Above ground tank(s)
☒ Below ground tank(s)
☐ Other _____

DISPOSER

☐ Landfill operation
☐ Land treatment
☐ Surface Impoundment
☐ Incineration
☐ Other _____

INSPECTION PROCEDURE

1. Does the facility generate hazardous wastes?

Note: Please complete the generator's checklist if TSD facility generates hazardous wastes which are disposed off-site.

☒ Yes ☐ No

2. Does the facility have in place a waste analysis plan?

Yes ☐ No ☒

If so,

- A. Does the plan enable facility personnel to identify hazardous wastes being handled by the facility?

Yes ☐ No ☐

- B. Does the plan enable facility personnel to confirm that wastes actually received at the TSD facility are the wastes indicated on the generator's manifest form?

Yes ☐ No ☐

3. *Does the TSD facility have a 24-hour surveillance system which monitors and controls entry to the active portion of the facility?

☒ Yes ☐ No

A. If not, does the facility have an artificial or natural boundary which surrounds active portions of the facility and, Yes No

B. A means to control entry at all times, i.e., gates, attendants, locked entrances, etc.? Yes No

4. *Does the TSD facility have a restricted access sign posted at each entrance to the active portion of the facility? (An example would be: "Danger - Unauthorized Personnel Keep Out!") Yes No

If so,

A. Is the sign legible from a distance of 25 feet? Yes No

B. Is the sign in English or any other foreign language predominant to the geographical area? Yes No

5. Does the TSD facility have an inspection log and a written schedule for inspecting all emergency equipment, security devices, and operating and structural equipment, important to the prevention, detection or response to environmental/human health emergencies? Yes No

6. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures? Yes No

7. Does the TSD facility maintain a record of job titles for personnel that are involved with hazardous waste management and the name of the employee filling each job? Yes No

8. Does the TSD facility have on record a written position description for each job title noted in Question #6? Yes No

9. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #6? Yes No

10. *Does the TSD facility have installed the following equipment:

A. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? Yes No

B. A device at the scene of hazardous waste TSD operations capable of summoning emergency assistance from Police, Fire departments, etc.? Yes No

C. Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals? Yes No

11. *Does the TSD facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? Yes No

12. Does the facility have a contingency plan which contains the following elements:

A. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?

☒ Yes ☒ No

B. A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations?

Yes

☒ No

C. A listing of names, addresses, and phone numbers of the TSD facility emergency response coordinators?

☒ Yes

No

Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.

D. A list of appropriate emergency equipment necessary to cope with emergencies at the TSD facility?

☒ Yes

No

E. *An evacuation plan for the TSD facility if Management believes such a plan is a definite requirement for their particular TSD facility?

☒ Yes

No

13. Does the facility have at all times at least one employee either on-call or on the site who is responsible for coordinating all emergency response measures?

☒ Yes

No

If so, please complete below:

Name: Frank Seklerki

Title: Operations Manager

Telephone Number: 925-6500

14. Does the TSD facility have a written operating record which contains the following information:

A. A description and the quantity of each hazardous waste received and the method and date of treatment, storage or disposal?

☒ Yes

No

B. The location of each hazardous waste within the facility and the quantity at each location?

☒ Yes

No

C. Detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?

☒ Yes

No

D. Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan?

☒ Yes

No

E. Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?

5

(b)
(6) F. Detailed monitoring, testing, and analytical data to insure compliance with the regulations?

Yes

No *N.A. gmk*

15. Have the TSD facility operators initiated the preparation of written closure and post closure plans in order to meet the May 1981 target date for implementation of these requirements?

Yes

No

16. Does the TSD facility receive hazardous waste from off-site generators?

Yes

No

If yes, are the following procedures implemented:

A. Manifest copies are signed and dated

Yes

No

B. A copy is given to the transporter

Yes

No

C. A copy is sent to the generator

Yes

No

D. A copy is returned and filed at the TSD facility

Yes

No

Note: These requirements do not pertain to onsite facilities unless such facilities also receive hazardous wastes from off-site sources.

17. Has the owner or operator implemented a groundwater monitoring program if surface impoundments, landfills or land treatment technologies are utilized at the facility?

Yes

No *N/A*

Note: Plan not required until one year after effective date of regulations.

18. The inspector should check for the following conditions at the TSD facility:

A. Open fires

Yes

No

B. Fumes or gases

Yes

No

C. Leaks or corrosion in containers or other storage structures

Yes

No

D. Leachate to receiving streams

Yes

No

E. Malfunction of equipment

Yes

No

F. Bulging drums

Yes

No

G. Excessive heat generation from storage facilities, lagoons, storage piles, etc.

Yes

No

19. Please provide detailed comments on specific problems encountered during the TSD facility inspection. For instance, industry requests for clarification of specific rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

- 1 - Not At Every Entrance
- 2 - Management personnel have recieved hazardous waste ^{training}. All personnel trained in hazardous material handling.
- 3 - Fire department comes at request of facility for inspection. However no formal agreement. Could be covered under city codes.
- 4 - Disposer does analyzer sends results to Pioneer.
- 5 - Done on daily basis but no record kept.
- 6 - No waste on site at the date of this inspection

Inspector's Name: BILL HAGEL

Title: Environmental Scientist

Agency: EPA

Office location: Philadelphia

Date of Inspection: 3/20/81

Inspector's Name: John Harsch

Title: Env Protection Spec.

Agency: EPA

Office location: Philadelphia

Date of Inspection: 3/20/81

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

TALLA-
N'S EPA
NO.
ME OF IN-
STALLATION
TALLA-
N
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INSTALL-
TION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

0065728826

A

801023

NAME OF INSTALLATION

PIONEER SALT AND CHEMICAL COMPANY, INC

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

60 NORTH DELAWARE AVE

CITY OR TOWN

ST.

ZIP CODE

PHILADELPHIA

PA 19123

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

TE 946 NORTH DELAWARE AVE

CITY OR TOWN

ST.

ZIP CODE

LA PA 19123

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

WIG, DONALD TECH SERVICE

215-925-6500

SHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CORPORATION-PIONEER SALT & CHEMICAL CO

TYPE OF OWNERSHIP
(appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

GENERAL
I-FEDERAL

M

☒ A. GENERATION

☒ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

FOR SUBSEQUENT NOTIFICATION

Use appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. For first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

NOTIFICATION OF HAZARDOUS WASTES

Reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY												
5	4	3	2	1	12	11	10	9	8	7	6	5
W	P	A	D	O	6	5	7	2	8	8	2	6
1	2	3	4	5	6	7	8	9	10	11	12	13

DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 Food	2	3	4	5	6
7	8	9	10	11	12

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical subcategory your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 1154	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☒ 1. IGNITABLE (D001)
 ☒ 2. CORROSIVE (D002)
 ☒ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

DECLARATION

I declare under penalty of law that I have personally examined and am familiar with the information submitted in this and all supporting documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

DONALD C. HELWIG
TECHNICAL SERVICE DIRECTOR

DATE SIGNED

9-29-80

Tip: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

[illegible]

S					T/A	C	
W	DUP					2	DUP
1	2			13	14	25	22

DESCRIPTION OF HAZARDOUS WASTES (continued)

[illegible]

DESCRIPTION OF HAZARDOUS WASTES (continued)

THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

I.D. NO. (enter from page 1)

0	6	5	7	2	8	3	2	6	T/A	C
										6

SCALE DRAWING

Facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)				LONGITUDE (degrees, minutes, & seconds)			
3	9	5	7	7	5	0	8
63	65	67	69	72	74	76	78

FACILITY OWNER

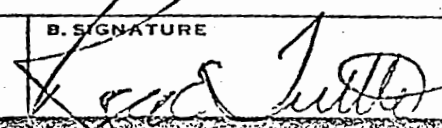
If facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and go to Section IX below.

If facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
ER SALT & CHEMICAL CO. INC				215-925-6500			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	
N. DELAWARE AVE		DREXEL HILL		PA		19123	

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

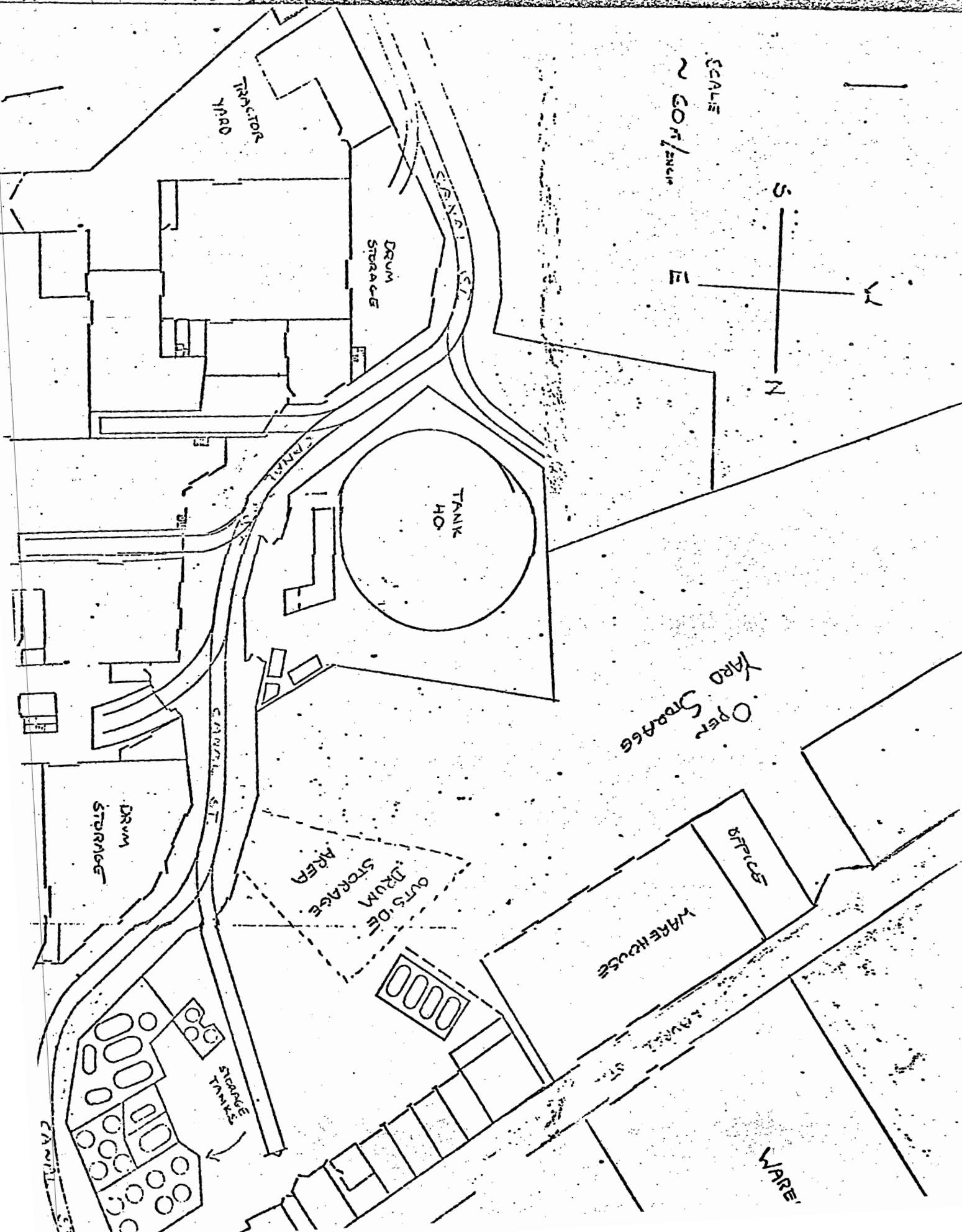
A. NAME (print or type) R. E. TUTTLE IDENT	B. SIGNATURE 	C. DATE SIGNED 11/18/80
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CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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FACILITY DRAWING (see page 4)



PHILADELPHIA QUADRANGLE
PENNSYLVANIA-NEW JERSEY
7.5 MINUTE SERIES (TOPOGRAPHIC)

5064 II SE
(FRANKFORD)

EASTON 54' N
JENKINTOWN 7' 30"

2 730 000 FEET (PA.)

488

489

75°07'30"

40°00'



		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> EPAD065728826 </div>
II. LABEL ITEMS A. I.D. NUMBER B. FACILITY NAME C. FACILITY MAILING ADDRESS D. FACILITY LOCATION	<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;"> NOV 18 80 09 35 47 </div> <div style="border: 1px solid black; padding: 10px; font-size: 1.5em; font-weight: bold;"> PLEASE PLACE LABEL IN THIS SPACE </div>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

III. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if a supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY
 PIONEER SALT & CHEMICAL CO. INC.

CONTACT PERSON

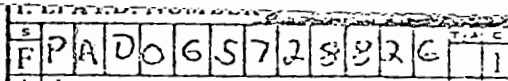
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
WIG, DONALD TECHNICAL DIR.	215 925 6500

FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
N. DELAWARE AVE			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
PHILADELPHIA		PA	19123

FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
N DELAWARE AVE	
B. COUNTY NAME	C. CITY OR TOWN
PHILADELPHIA	



COMMENTS

YR.	MO.	DAY

PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☐ 2. FACILITY HAS A RCRA PERMIT

43 (6-80)

CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
29 (specify) CHEMICALS & ALLIED PRODUCTS		72899 (specify) CHEMICALS & CHEMICAL PREPARATIONS	
C. THIRD		D. FOURTH	
(specify)		(specify)	

OPERATOR INFORMATION	
A. NAME	B. Is the name listed in Item VIII-A also the owner?
ONEER SALT & CHEMICAL CO., INC.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
DERAL ATE IVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	215 925 6500
E. STREET OR P.O. BOX		IX. INDIAN LAND	
N DELAWARE AVE		Is the facility located on Indian lands?	
F. CITY OR TOWN		G. STATE	H. ZIP CODE
LADELPHIA		PA	19123
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

ING ENVIRONMENTAL PERMITS			
D. PSD (Air Emissions from Proposed Sources)		E. OTHER (specify)	
9 P		(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9		(specify)	

This application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface features in the map area. See instructions for precise requirements.

DESCRIPTION OF BUSINESS (provide a brief description)

WAREHOUSING, STORAGE, PACKAGING, & SHIPPING OF INDUSTRIAL CHEMICALS. ACTING AS A DISTRIBUTOR FOR MANY OF THE MAJOR CHEMICAL COMPANIES (ie: DuPont, Dow & Shell).

DECLARATION (see instructions)

I, the undersigned, declare under penalty of law that I have personally examined and am familiar with the information submitted in this application and all information that I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

OFFICIAL TITLE (type or print)
ER E. TUTTLE
PRESIDENT

B. SIGNATURE

E. Tuttle

C. DATE SIGNED

11/18/80

FOR OFFICIAL USE ONLY

RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

DONALD HELWIG
KREPP SALT & CHEMICAL CO., INC.
100 N. DELAWARE AVE.
PHILA. PA. 19123

FROM: BILL WALSH
RASS

DATE 2/5/81
TIME 1:00 P.M.

SUBJECT

POSSIBLE RAW MATERIAL STORAGE

SUMMARY OF COMMUNICATION

I asked Mr. Helwig whether the wastes cokes he listed on his Form 3 were actually wastes or rather raw materials. He stated that they primarily store virgin products but at times they would have some off-spec wastes. I then asked if these off-spec waste materials could be stored for more than 90 days and he replied that they would and that he would like to leave his Part A application on file with us so that his facility may obtain a permit.

REVISIONS, ACTION TAKEN OR REQUIRED

DISTRIBUTION COPIES

cover sheet for instructions
TYPE or PRINT clearly using
ballpoint pen - PRESS HARD
RT A:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. PA

0120

NAME	SITE ADDRESS	PHONE NO.	EPA I.D. NO.
GENERATOR Chen	940 N Delaware Ave	215-6500	PA0657282
TRANSPORTER NO 1 Acisol Inc	125 Factory Ln	610-49-5100	PA00245454
TRANSPORTER NO 2 (IF ANY)			
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY			

MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED. FILL OUT THE FOLLOWING AS APPROPRIATE

THIS FORM IS NO. _____ OUT OF A TOTAL OF _____ THE FIRST MANIFEST DOCUMENT NO. IS PA

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM			QUANTITY	UNITS				CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE
			SOLID	LIQUID	GAS		GALLONS	CU YDS	POUNDS	TONS	NO	TYPE		
1,1-Dichloroethylene	6.1	UN1992	X			350				X	5 Drums	T	FCO	
1,1,1-Trichloroethylene	ORM-A	UN2831	X			2122				X	15 Drums	T	FCO	

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES OF A NON-HAZARDOUS NATURE INCLUDED IN SHIPMENT WHICH DO NOT HAVE TO BE MANIFESTED)

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labelled in accordance with the applicable regulations of the Department of Transportation, U.S. EPA, and the State. The materials described above were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

GENERATOR'S SIGNATURE Cindy B...	TITLE Env. Service	DATE SHIPPED 3/12/81	EXPECTED ARRIVAL DATE 3/12/81
RECEIVED 3/12/81	TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT	TRANSPORTER NO. 1 H.W.T. ID (License) No.	PA

COPY 3 Generated - Received By Generator
KEEP AT THIS PERFORATION

TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF DELIVERY AND NON-TAMPERING WITH SHIPMENT		DATE DELIVERED 3/12/81
RECEIVED 3/12/81	TRANSPORTER NO. 2 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT	TRANSPORTER NO. 2 H.W.T. ID (License) No.
TRANSPORTER NO. 2 SIGNATURE AND CERTIFICATION OF DELIVERY AND NON-TAMPERING WITH SHIPMENT		DATE DELIVERED

IDENTIFICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING
REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

GENERATOR'S EPA I.D. NO. PA06572826

EXPECTED DISPOSAL DATE 3-12-81

RECEIVER'S SIGNATURE AND CERTIFICATION OF RECEIPT OF

TITLE

DATE RECEIVED/REJECTED